

WHELMISH

Illness & Disability OS

Operational relief for whatever your bandwidth.

AI Limits–First Prompt Pack

Bounded cognitive relief systems for chronic illness, disability, flare days, medical admin, accommodations, pacing, capacity change, and rest as access.

I can plan inside real limits without performing wellness.

Not therapy. Not medical advice. Not a cure plan. Not a productivity reset. Not a wellness performance.

Ten bounded systems plus one router. Copy, paste, reduce demand, stop.

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Your body's limits count as information

If you are opening this while tired, flaring, foggy, in pain, overstimulated, grieving a change in capacity, behind on medical admin, or trying to plan around a body that does not operate on command — this was made for that exact state.

You do not need to prove your limits. You do not need to become inspirational. You do not need to earn rest. You do not need to turn illness or disability into a productivity story.

This is a **limits-first AI toolkit**.

Short contained cycles: **notice** → **sort** → **reduce demand** → **choose one aligned step or rest** → **stop**

You can: use one system only · stop mid-prompt · paste fragments · say "I don't know" · choose "not today" · choose rest as the outcome · return later without catching up.

There is no wrong door.

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Nothing right now?

If opening AI itself feels like too much, close this pack.

Nothing else is required.

No prompt.

No sorting.

No explanation.

No decision.

Return whenever you want.

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Need a person instead?

This pack can wait.

Depending on the situation, use the appropriate:

- trusted person
- healthcare professional
- disability/access support
- benefits/advocacy resource
- legal/professional resource
- workplace or school access office
- emergency/crisis pathway for immediate danger

You do not need to complete an AI exercise first.

How to use this pack with AI

Before you paste

1. Pick the system that matches today's body or load — or let the router pick one.
2. Copy the full prompt block, including the rules.
3. Paste into ChatGPT, Claude, or a similar AI tool.
4. Remove private medical, legal, workplace, school, or benefits details you do not want in a chat.

Important privacy rule

Do not paste: full medical records · full names · addresses · account numbers · insurance IDs · private diagnosis details · medication details you do not want stored · legal/benefits/workplace documents you need to keep private.

Use general labels: "my condition" · "my symptoms" · "my body" · "my doctor" · "my appointment" · "my workplace" · "the form" · "the admin task" · "the accommodation request"

Reducing identifying detail lowers exposure but does not guarantee anonymity. Your AI provider's own storage, retention, training, and privacy settings still apply.

During

Answer messy. Fragments count. You do not have to explain everything. Blank and "I don't know" are valid inputs — the prompt will default to a low-load response.

If AI starts diagnosing, prescribing, minimizing, or pushing productivity, say: **"No medical advice.**

Reduce demand only."

If AI gives too much, say: **"One step only. Short bullets. Stop after that."**

After

You do not need another round. You do not need a perfect plan. The goal is not to fix your body — the goal is to make the demand match your body.

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What this is not

Not therapy, diagnosis, treatment, medical advice, legal advice, benefits advice, workplace advice, school/legal accommodation advice, or crisis support.

Not a replacement for doctors, specialists, therapists, case managers, disability advocates, legal aid, emergency services, workplace HR, school disability offices, or benefits professionals.

Not a symptom checker. Not a medication guide. Not a cure plan. Not a wellness challenge. Not a productivity system. Not a "push through" tool.

Not a place where AI decides what is safe for your body.

If something may be urgent, dangerous, medically concerning, legally time-sensitive, or crisis-level, use the appropriate emergency, medical, legal, workplace, school, benefits, or trusted human support pathway.

This pack cannot see your body, verify risk, diagnose, treat, or intervene.

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Bounded limits-first cognition

Most systems ask: *What can you get done?*

Illness & Disability OS asks: *What does your body actually have capacity for?*

Most AI tools optimize for more — more ideas, routines, tracking, plans, self-improvement, explanations, steps.

This prompt pack optimizes for alignment:

body reality → reduced demand → one capacity-matched step or rest → stop

You should leave with **less pressure**, not another life management system your body cannot sustain.

Use AI to reduce the load. Do not use AI to override the body.

One prompt. One cycle. Then close the chat.

System Directory — Start Here

Choosing feels like too much? Use O1 · Limits-First Planning · page 10. You can stop after one system.	
O1 · Limits-First Planning Sort the day around real capacity	Intro p. 10 Prompt p. 11
O2 · Flare Day Mode Symptoms, fatigue, pain, sensory load high	Intro p. 12 Prompt p. 13
O3 · Energy Budget + Overextension Check I keep overdoing it or spending tomorrow's capacity	Intro p. 14 Prompt p. 15
O4 · Brain Fog Holding Table Brain cannot hold task, decision, document, message	Intro p. 16 Prompt p. 17
O5 · Medical Admin Sorter Appointments, portals, insurance, forms overwhelming	Intro p. 18 Prompt p. 19
O6 · Appointment Prep Prepare for a visit without overloading	Intro p. 20 Prompt p. 21
O7 · Accommodation Request Draft Format an access request — not legal advice	Intro p. 22 Prompt p. 23
O8 · Help + Explanation Boundary Scripts Support or stop overexplaining limits	Intro p. 24 Prompt p. 25
O9 · Capacity Change / Grief + Identity Support A change in capacity or identity needs somewhere to go	Intro p. 26 Prompt p. 27
10 · Rest as Access + Close Loop Stop without guilt and protect capacity	Intro p. 28 Prompt p. 29
Illness & Disability OS Router not sure which system; let AI pick one	p. 30

One system is a complete session.

Suggested paths

Optional. You do not need a sequence.

- **I'm in a flare** — 02 Flare Day Mode → 10 Rest as Access + Close Loop → stop
- **I have limited energy** — 01 Limits-First Planning → 03 Energy Budget + Overextension Check → 10 → stop
- **I have brain fog** — 04 Brain Fog Holding Table → 01 → stop
- **Medical admin is overwhelming** — 05 Medical Admin Sorter → 06 Appointment Prep if appointment-related → 10 → stop
- **I need an access adjustment** — 07 Accommodation Request Draft → 08 Help + Explanation Boundary Scripts → stop
- **I keep overdoing it** — 03 → 10 → stop
- **A capacity change needs somewhere to go** — 09 Capacity Change / Grief + Identity Support → 10 → stop
- **People don't understand my limits** — 08 → 10 → stop
- **I feel better today and want to do everything** — 03 → 10 → stop
- **Very low capacity** — 10 only
- **Opening AI feels like too much** — close the pack — nothing required

Order is pacing, not rules. **Stopping is valid.**

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SYSTEM 01

Limits-First Planning

When you need to plan the day around chronic illness, disability, pain, fatigue, brain fog, sensory overload, mobility limits, medical admin, or unpredictable capacity.

This system does not ask what your ideal self can do. It asks what your actual body can hold today.

When to reach for it: need to plan but capacity is limited · everything feels important · need to know what can wait · feel guilty because body cannot match the plan

Stop when: The day matches your body better.

LIMITS-FIRST PLANNING — COPY/PASTE

COPY FROM HERE

I am planning with chronic illness, disability, or real body limits.

Do not give me a productivity plan. Do not tell me to push through. Do not tell me to be more disciplined. Do not give medical, legal, benefits, workplace, school. Do not create a full routine. Do not add new responsibilities.

Your job is only:

1. Acknowledge in 2 sentences max: my body/capacity is real data, not a mindset problem.
2. Sort what I paste into:
 - Must · — Maybe · — Not today · — Needs help · — Rest / protect capacity · — Medical / official review · — Unknown / unclear

Do not put uncertain symptoms, medication, treatment, medical-safety questions, or clinical instructions into Must / Maybe / Not Today / Rest. Those go to Medical / official review, and you tell me to use the official instructions or appropriate person.

3. If movement is useful and my capacity allows it, offer one bounded nonclinical step. Otherwise say: "Stop here for now."

4. End with permission to stop.

Rules: Short bullets. No "you should." No productivity shame. No cure language. No giant plan. No pushing through.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

Context— optional:

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SYSTEM 02

Flare Day Mode

When today is a flare, symptom-heavy day, sensory-heavy day, pain day, fatigue day, brain fog day, or body-limits day.

This system reduces demand instead of asking you to prove consistency.

Stop when: Stop whenever enough. The flare does not have to feel better for this to count.

FLARE DAY MODE — COPY/PASTE

COPY FROM HERE

I am in a flare or very limited-capacity day.

Do not give me a routine. Do not give me a full plan. Do not tell me to be positive. Do not tell me to push through. Do not give medical, legal, benefits, workplace, school. Do not ask me to explain my symptoms in detail.

Your job is only:

1. Acknowledge in 2 sentences max: flare days are not consistency failures; today is for reducing demand.
2. Help me sort:
 - Minimum necessary day · — Known nonclinical things that can wait · — What needs help ·
 - What needs an appropriate support pathway · — Medical / official review · — One message I can send, if needed · — Rest / protect capacity

Anything involving symptom, medication, treatment, or medical-safety uncertainty goes to Medical / official review — never "can wait."

3. Give me one short message draft if I need to cancel, delay, or ask for help.

4. End with: "Today is for reducing demand."

Rules: Short bullets. No diagnosis. No treatment advice. No full plan. No guilt. No "keep going." Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

Context — optional:

[A FEW WORDS OR SKIP]

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SYSTEM 03

Energy Budget + Overextension Check

When you need to check what your limited energy can hold — especially if you tend to overextend or use a good day like proof that limits disappeared.

Stop when: You have a stop point that fits what you know about your own patterns.

ENERGY BUDGET + OVEREXTENSION CHECK — COPY/PASTE

COPY FROM HERE

I need help checking today's energy budget against real body limits.

Do not maximize my output. Do not tell me to push through. Do not tell me to use a good day to catch up. Do not give medical, legal, benefits, workplace, school. Do not create a productivity schedule. Do not promise prevention — help me check for overextension against what I already know about my own patterns.

Your job is only:

1. Acknowledge briefly: a good day is not proof that limits disappeared.
2. Sort what I paste into:
 - Must · — Maybe · — Not today · — Needs help · — May cost more capacity later · — Could be smaller · — Rest / protect capacity

Anything involving symptom, medication, treatment, or medical-safety uncertainty goes to Medical / official review.

3. If useful, suggest one optional smaller version of one task — only if I ask for reduction ideas.
4. Name one stop point.
5. End with permission to stop while I still have a little capacity left.

Rules: Short bullets. No hustle language. No "catch up while you can." No shame. No full routine. No new tasks.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

Context — optional:

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SYSTEM 04

Brain Fog Holding Table

Brain fog can make language, memory, decisions, reading, forms, messages, or task order feel impossible. This system holds what your brain cannot hold today.

Stop when: My brain is holding less.

BRAIN FOG HOLDING TABLE — COPY/PASTE

COPY FROM HERE

I have brain fog and need help reducing cognitive load.

Do not give me a full plan. Do not give me many choices. Do not make me explain everything.

Do not imply I am stupid or lazy. Do not give medical, legal, benefits, workplace, school.

Your job is only:

1. Say in 2 sentences max: brain fog can reduce cognitive capacity — it is not a character flaw.
2. Help me create a simple holding table with:
 - One sentence summary · — One document/tab/item involved · — One decision, if any · — One thing to save for later · — One tiny next touch — only if useful · — Stop point
3. If I paste messy context, simplify it without adding new tasks.
4. End with permission to stop.

Rules: Short lines. No long explanation. No more than one tiny touch — and none is allowed. No productivity pressure. No shame.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

Context — optional:

[A FEW WORDS OR SKIP]

Stop when: My brain is holding less — or whenever I stop.

END PROMPT

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SYSTEM 05

Medical Admin Sorter

Medical and disability admin can become a second illness: appointments, portals, messages, referrals, insurance, benefits, forms, bills, transportation, supplies, follow-ups.

This system sorts admin without giving official advice.

Stop when: The admin load feels nameable, not solved.

MEDICAL ADMIN SORTER — COPY/PASTE

COPY FROM HERE

I am overwhelmed by medical or disability admin.

Do not give medical advice. Do not give legal advice. Do not give benefits advice. Do not give financial advice. Do not give workplace or school advice. Do not tell me what official action to take. Do not create a full admin plan. Do not classify the medical urgency of anything.

Use only general information.

Your job is only:

1. Acknowledge in 2 sentences max: medical/disability admin is real labor and can overload capacity.
2. Sort what I paste into:
 - Appointments · — Forms · — Portals / messages · — Referrals / follow-ups · — Insurance / benefits · — Bills · — Supplies · — Transportation · — Waiting on someone · — Known nonclinical admin that can wait · — Needs support · — Medical / official review · — Unknown / unclear

If anything I paste concerns symptoms, medication timing, treatment, test interpretation, medical instructions, or urgency — it goes to Medical / official review. Never into "can wait." Tell me to use the official instructions or appropriate person for that item.

3. Name one tiny admin touch — only if useful: open the portal, write the document name, find a phone number, make a question list, ask someone for help, or stop.

4. End with permission to stop.

Rules: Short bullets. No official advice. No invented deadlines. No shame. No full plan.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general non-identifying details only. No full names, addresses, phone numbers, or

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SYSTEM 06

Appointment Prep

Appointments can be high-demand: remembering symptoms, explaining impact, asking questions, handling dismissal, accommodations, advocating while tired.

This system helps prepare without overloading.

Stop when: You have a simple appointment note you can edit.

APPOINTMENT PREP — COPY/PASTE

COPY FROM HERE

I need help preparing for an appointment without overwhelming myself.

Do not give medical advice. Do not diagnose me. Do not suggest treatment. Do not tell me what medication, test, or diagnosis to ask for. Do not give legal, benefits, workplace, school. Your job is only to help me organize my own notes.

Organize only information I give you. Do not generate additional symptoms, tests, treatments, medications, diagnoses, or medical recommendations — unless I explicitly ask for non-medical wording help.

Create a simple appointment prep note with whichever of these I can supply — every field is optional:

1. Appointment purpose
2. Top concern
3. One question I want to ask
4. One example from daily life
5. One access/accommodation need, if relevant
6. What I may need after the appointment
7. One sentence I can read if I get overwhelmed

Rules: Short bullets. No medical recommendations. No official advice. No long script. No shame. Do not force completion of any field.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

Context — optional:

[A FEW WORDS OR SKIP]

Stop when: I have a simple appointment note I can edit.

END PROMPT

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SYSTEM 07

Accommodation Request Draft

An accommodation is not special treatment. It is access.

This system helps draft one simple request without overexplaining private medical history. Not legal advice — it does not determine eligibility or what any institution must approve.

Stop when: You have a draft you can edit.

ACCOMMODATION REQUEST DRAFT — COPY/PASTE

COPY FROM HERE

I need help drafting a simple accommodation or access request.

Do not give legal advice. Do not determine what I am legally entitled to. Do not determine eligibility. Do not tell me what official process applies. Do not diagnose me. Do not overexplain my medical history. Do not give workplace, school, benefits, medical.

Your job is only to help me draft clear language I can edit.

Create one concise draft with:

1. The barrier or access need · 2. The task or environment affected · 3. The adjustment requested · 4. How it may support access, participation, or completion · 5. What I choose not to disclose · 6. A neutral closing line

Tone: neutral, clear, not apologetic, not oversharing, not aggressive.

One draft only — do not give me versions to compare unless I explicitly ask for alternatives.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

Context — optional:

[A FEW WORDS OR SKIP — general, non-identifying only]

Stop when: I have a draft I can edit or take to the right support pathway.

END PROMPT

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SYSTEM 08

Help + Explanation Boundary Scripts

Living with illness or disability often means explaining the same limits over and over. Sometimes the energy cost of explaining becomes its own barrier.

Stop when: You have one script you can use.

HELP + EXPLANATION BOUNDARY SCRIPTS — COPY/PASTE

COPY FROM HERE

I need help writing a short script about my illness/disability/capacity limits.

Do not make me overexplain. Do not make me prove my limit. Do not make me disclose private medical details. Do not shame me. Do not give legal, medical, workplace, school, benefits.

Choose the ONE situation that best fits my context and write one short script for it:

1. Asking for help with one specific thing · 2. Explaining that my capacity changed · 3. Declining because something is not accessible today · 4. Requesting a lower-demand option · 5.

Ending advice I did not ask for · 6. Saying I am not discussing whether my limit is real

If my context is unclear, write one neutral, low-disclosure script — do not ask more than one question.

Tone: clear, calm, not apologetic, not harsh unless needed, low-energy.

Rules: One script only. No long explanation. No medical details. No "sorry" unless I request it. No debate language.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

Context — optional:

[A FEW WORDS OR SKIP]

Stop when: I have one script I can use, edit, or save.

END PROMPT

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SYSTEM 09

Capacity Change / Grief + Identity Support

If grief or loss is part of a capacity change — old energy, routines, independence, body trust, privacy, work, parenting, social life, plans, identity — it can have somewhere to go. Grief is valid but not assumed.

This system witnesses without forcing hope.

Stop when: This feels witnessed, not solved — or whenever you stop.

CAPACITY CHANGE / GRIEF + IDENTITY SUPPORT — COPY/PASTE

COPY FROM HERE

Something about my body, health, disability, or capacity has changed and it needs somewhere to go.

Do not fix it. Do not reframe it too quickly. Do not tell me to be grateful. Do not tell me everything happens for a reason. Do not make meaning from it unless I ask. Do not turn my illness/disability into inspiration. Do not assume I am grieving — if grief or loss is part of this, it can be real and worth naming. Do not give medical, legal, benefits, workplace, school.

Your job is only:

1. Acknowledge in 3 short sentences max: a change in capacity can be real and worth naming.
2. Help me name — only what I offer:
 - What I miss · — What changed · — What I am angry or sad about · — What I do not want minimized · — What still feels like me, if anything · — One grounded sentence reflecting what I said without minimizing it
3. End with permission to stop — no next steps unless I ask.

Rules: No fixing. No silver lining. No productivity. No "at least." No forced acceptance. No forced hope.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

Context — optional:

[A FEW WORDS OR SKIP]

Stop when: This feels witnessed, not solved — or whenever I stop

WHELMISH

Illness & Disability OS

AI Limits-First Prompt Pack

Operational relief for whatever your bandwidth.

BY WHELMISH

AI Limits-First Prompt Pack

SYSTEM 10

Rest as Access + Close Loop

Rest is not failure. Rest is access.

This system protects the stop so you do not use a little capacity, then accidentally spend tomorrow's capacity too.

Stop when: Rest feels allowed.

REST AS ACCESS + CLOSE LOOP — COPY/PASTE

COPY FROM HERE

I need to rest or close the loop with illness/disability limits.

Do not give me another task. Do not encourage me to keep going. Do not say "since you already started." Do not turn rest into something I have to earn. Do not give medical, legal, workplace, school, benefits. Do not decide whether anything medical can wait.

Your job is only:

1. Acknowledge in 2 sentences max: rest is access, and stopping can protect capacity.
2. Help me create a close-loop note:
 - What is held here now · — What I already know can wait · — What still needs medical / official review · — What rest protects · — Where I can return later · — What I do not need to explain · — One sentence for future me
3. Give one short closing permission.
4. End with: "You did enough for this round."

Rules: No next task. No momentum language. No shame. No streaks. No "get back on track." No follow-up question.

Capacity right now — optional:

[leave blank / I don't know / prefer not to label / NSIF state]

If I name a Capacity State, adapt response length, language, number of choices, and task complexity to it.

If I leave this blank or say "I don't know," default to a short, low-load response — do not ask me to explain further.

Do not infer or declare my Capacity State.

Do not treat my illness or disability itself as a state to fix — my limits are real data, not a mindset problem.

Work with fragments. Do not require more disclosure than I provide.

Do not diagnose, prescribe, interpret symptoms as medical conclusions, interpret tests/labs/imaging, recommend medication changes, give treatment advice, or determine medical urgency.

Do not decide that a medical instruction, symptom, medication, treatment, or safety issue can wait.

Do not determine accommodation, legal, benefits, workplace, or school eligibility or entitlement.

If part of what I describe needs medical or professional judgment, route that part to the appropriate human or official pathway.

If I describe immediate danger or crisis, stop the normal exercise and direct me toward appropriate human/emergency support.

One cycle only. Do not automatically offer another task or follow-up question. When done, tell me I can stop here.

Privacy: general, non-identifying details only. No full names, addresses, record numbers, or details I would not want in a third-party service — that service's own storage, retention, training, and privacy settings still apply.

Context — optional:

[A FEW WORDS OR SKIP]

Stop when: Stop whenever enough. Rest does not have to feel easy for this to count.

END PROMPT

ILLNESS & DISABILITY OS ROUTER — COPY/PASTE

COPY FROM HERE

I am using Illness & Disability OS and I don't know which system to use.

Do not diagnose me.

Do not solve the medical situation.

Do not give treatment, medication, legal, benefits, workplace, school, or accommodation-entitlement advice.

Do not make me compare a long list.

Ask at most one question.

Use a few optional words from me to choose one system only:

01 Limits-First Planning

02 Flare Day Mode

03 Energy Budget + Overextension Check

04 Brain Fog Holding Table

05 Medical Admin Sorter

06 Appointment Prep

07 Accommodation Request Draft

08 Help + Explanation Boundary Scripts

09 Capacity Change / Grief + Identity Support

10 Rest as Access + Close Loop

If multiple fit, choose the lowest-demand useful option.

If you cannot tell, choose 01 Limits-First Planning.

If I say "I don't know," provide a brief low-load response instead of asking me to explain.

If what I describe may involve immediate danger, symptoms needing medical judgment, medication/treatment decisions, or another urgent medical concern, do not route me into a planning system. Tell me to use the appropriate healthcare/emergency pathway.

Respond only with:

- system number + name
- one short reason
- "Use it, choose none, or stop here."

Context — optional:

[A FEW WORDS OR SKIP]

Do not begin the selected system.

Stop after routing.

END PROMPT

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AI Limits-First Prompt Pack

This round can end here.

You did enough for this round.

This pack has no streaks. No failure state. No missed days. Nothing to catch up. No demand to return to who you were. No pressure to perform wellness.

Return whenever you want.

Your limits are real. Your body's limits count as information. Rest is access. Not today is a valid answer. A good day still deserves pacing. You do not have to turn illness or disability into inspiration.

Illness & Disability OS · AI Limits-First Prompt Pack · Operational relief for whatever your bandwidth. · by Whelmish

Capacity-aware operational support — not therapy, not medical advice, not legal advice, not benefits advice, not workplace advice, not school advice, not crisis support. Personal use only. © Whelmish.